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PTO/SB/21 (08-08)

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• \		First Named Inventor	November	
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F		Art Unit	1749 /	<i>7</i> 93
(to the used for all correspondence after initia	l filing)	Examiner Name	George P.	Wyszomierski
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Fee Transmittal Form		Drawing(s)		After Allowance Communication to To
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
Amendment/Reply		Petition Petition to Convert to a		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
Affidavits/declaration(s) Extension of Time Request Express Abandonment Request		Provisional Application Power of Attorney, Revocatio	n	Proprietary Information
		Change of Correspondence A		Status Letter
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Incomplete Application				
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Firm Name				<u> </u>
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I hereby certify that this correspondence is	being facsi	imile transmitted to the USPT	O or deposi	ited with the United States Postal Service with
sufficient postage as first class mail in an er the date shown below:	velope ad	dressed to: Commissioner for	r Patents, P	P.O. Box 1450, Alexandria, VA 22313-1450 or
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Clarence Ray

Typed or printed name

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* § TRANSMITTAL		Filing Date	November	3, 2005
FORM		First Named Inventor	Donn Arms	strong
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(to be used for all correspondence after initial	filina)	Examiner Name	George P.	. Wyszomierski
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				Appeal Communication to TC
Amendment/Reply		Petition Petition to Convert to a		(Appeal Notice, Brief, Reply Brief)
After Final		Provisional Application		Proprietary Information
Affidavits/declaration(s)	Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Status Letter			
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under 37 CFR 1.52 or 1.53				
SIGNA	TURE C	OF APPLICANT, ATTO	RNEY, C	OR AGENT
Firm Name Olson & Cepuritis, Ltd.				
Signature Robert	FIZ	m		
Printed name Robert J. Ross	/ 			
Date 09-12-	200	08	Reg. No.	45,058
				
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Clarence Ray

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	ve on 12/08/2004.	4-4 0005 (44 5 4040)		Co	mplete if Knowi	1
s pursuant to the Consolid			Application Numb	er 10	0/535,618	
FEE TR	ANSIV	IIIIAL	Filing Date	N	ovember 3, 2005	
For	r FY 200	8	First Named Inver	ntor D	onn Armstrong	
Anglicant claims amall		27.050 4.27	Examiner Name	G	eorge P. Wyszon	nierski
Applicant claims small	entity status. Set	37 CFR 1.27	Art Unit	1	742	
TOTAL AMOUNT OF PAY	MENT (\$)	0	Attorney Docket N	vo. IT	P 29	
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
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FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
	FILING FEES	S SEAR Entity	RCH FEES Small Entity	EXAMII	NATION FEES Small Entity	
Application Type		(\$) Fee (\$		Fee (\$	Fee (\$)	Fees Paid (\$)
Utility	310 15	5 510	255	210	105	
Design	210 10	5 100	50	130	65	
Plant	210 10	5 310	155	160	80	
Reissue	310 15	5 510	255	620	310	
Provisional	210 10	5 0	0	0	0	
2. EXCESS CLAIM FEES Small Entity						
Fee Description Fach claim over 20 (including Reissues) 50 25						<u>Fee (\$)</u> 25
240. 0.4 0.0. 20 (105	
Multiple dependent c		iding Reissues)			370	185
Total Claims	Extra Claims	Fee (\$) Fee	Pald (\$)		Multiple Dep	ondent Claims
20 or HP =	×	=_	<u> </u>		Fee (\$)	Fee Paid (\$)
HP = highest number of total			Doid (\$)			
Indep. Claims - 3 or HP =	Extra Claims x	<u>Fee (\$) </u>	Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 =		50 =	_ (round up to a wh	iole num	per) x	_=
4. OTHER FEE(S)						Fees Paid (\$)

SUBMITTED BY	0 110		
Signature	Colugate	Registration No. (Attorney/Agent) 45,058	Telephone 312-580-1180
Name (Print/Type	Robert J. Ross		Date 09-12-208

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known i to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/535,618 TRANSMITT Filing Date November 3, 2005 For FY 2008 First Named Inventor Donn Armstrong **Examiner Name** George P. Wyszomierski Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1742 TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. **ITP 29** METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 15-0508 Deposit Account Name: Olson & Cepuritis, Ltd. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 510 210 155 255 105 Design 210 105 100 50 130 65 210 Plant 105 310 160 155 80 Reissue 310 620 155 510 255 310 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) 25 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims **Total Claims** Multiple Dependent Claims **Extra Claims** Fee (\$) Fee Paid (\$) Fee Pald (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fractions. Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

SUBMITTED BY	0 110		
Signature	Comtles	Registration No. (Attorney/Agent) 45,058	Telephone 312-580-1180
Name (Print/Type	Robert J. Ross		Date 09-12-208

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